

CUT BANK SCHOOL DIST #15
101 3RD AVENUE SE
CUT BANK, MT 59427



DIRECT DEPOSIT—CLAIMS **AUTHORIZATION**

****Please complete information below, sign, date and return to
the ACCOUNTS PAYABLE DEPARTMENT****

I authorize you and the financial institution listed below to initiate electronic credit entries, and if necessary, debit entries and adjustments for any credit entries in error to my:

Account on File for Payroll Direct Deposit **OR** See attached for **NEW** Account

This authority will remain in effect until I have cancelled it in writing.

NAME:

(PLEASE PRINT)

DATE:

FINANCIAL INSTITUTION

BRANCH

CITY

STATE

SIGNATURE

E-MAIL ADDRESS: _____